

COURT ORDER FOR ASSESSMENT

Use of form: Completion of this form meets the requirements of Wisconsin Statutes, s. 23.33(13)(e), 30.80(6)(d), 961.472 or 350.11(3)(d).

Name (Last, First, MI)		Birthdate (mm/dd/yyyy)	Occupation
Address (Street or RFD, City, State, ZIP Code)		Telephone Number	County of Residence
Date of Arrest (mm/dd/yyyy)	List BAC Level or Controlled Substance	Case Number	Date of Conviction (mm/dd/yyyy)
Court of Conviction	Address - Court (Street, City, State, Zip Code)		

[Motorized Recreational Vehicles (MRV) includes boats, snowmobiles, and all terrain vehicles]

Having been found guilty or having had an adverse finding for a violation requiring assessment, namely:

(Check the appropriate statute.)

	First	Offense Second	Third or More
<input type="checkbox"/> Implied Consent Refusal: MRV s. 23.33 (4p)(e), 30.684(5), 350.104(5) Wisconsin Statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a local ordinance in conformity therewith	<input type="checkbox"/>		
<input type="checkbox"/> Operating While Under the Influence: MRV s. 23.33(4)(c)(a), 30.681(1), 350.101(1) Wisconsin Statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a local ordinance in conformity therewith	<input type="checkbox"/>		
<input type="checkbox"/> Causing Injury: MRV - s. 23.33(4c)(b), 30.681(2), or 350.101(1) Wisconsin Statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Causing Homicide: MRV - s. 940.09 Wisconsin Statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Causing Great Bodily Harm: MRV - s. 940.25 Wisconsin Statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Possession of Controlled Substance - s. 961.41(3g)(am), (c), or (d) Wisconsin Statutes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You are hereby ordered by Judge _____ of the _____

Court, telephone _____, to submit and comply with an assessment by an approved public treatment facility as defined in s. 51.45(2)(c), Wisconsin Statutes, ☐ development of a treatment plan recommendation, if needed, and ☐ treatment plan completion, if needed.

The purpose of the assessment is to examine your use of intoxicants including controlled substances. Based on the assessment findings, a treatment plan recommendation may be made. This order and referral shall also serve as notice to you encouraging your cooperation, and any non-compliance with the assessment or treatment plan (if needed) will be reported to this court. For any intoxicated motorized recreational vehicle violation, your failure to comply will result in the court's consideration of invoking contempt of court proceedings under Chapter 785. For a violation under the Controlled Substance Chapter, your failure to comply will limit this court's ability to determine whether treatment is appropriate and sentencing considerations should be made. The assessment facility's report on the assessment and any treatment recommendation plan will be submitted within 14 days to the staff of the county department under s. 51.42, the recommended plan provider, this court and / or the Probation Department when required, and yourself.

You are hereby referred to:

Name - Assessment Facility

Address - Facility (Street, City, State, Zip Code)

Telephone Number

SIGNATURE - Court Official

Date Signed

I agree to contact the above-named assessment facility within 72 hours to set an appointment for the assessment. I am aware that a fee is charged and that I am responsible for appropriate payment. I understand that my failure to participate will result in the court's consideration of contempt of court proceedings or revising my sentence. I also understand that any information I divulge during this assessment is protected by federal (Title 42 CFR Part 2) and state confidentiality regulations and laws and may not be used as evidence in any further prosecution.

SIGNATURE - Defendant

Date Signed

Information attached for assessment facility:

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Citation | <input type="checkbox"/> Police report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Related offenses | |
| <input type="checkbox"/> Accident report | <input type="checkbox"/> Driving record | |

Distribution: Original - Court

Copies - Client, Recommended plan provider, Probation Agent, Assessment facility / 51.42 staff